Steps for Processing City of Albuquerque

Pawnbrokers Permit Application

And

Pawnbrokers Permit Renewal of Application

It is the responsibility of the Applicant to complete the following steps in order to obtain a City of Albuquerque Pawnbrokers Permit

1. Zoning Enforcement:

- **a.** Initial applications require approval and signature from Zoning division, located in the City of Albuquerque's Planning Department
- **b.** Zoning will return application to applicant.
- **c.** Renewal applications only require applicant to check renewal box on application.

2. Police Department:

- a. All applications require approval and signature from APD.
- **b.** APD will return application to applicant.

3. City Clerk:

- a. All applications require approval and signature from City Clerk.
- **b.** A \$5,000 bond is required to be on file with City Clerk:
- c. City Clerk will return application to applicant.

4. Treasury Division:

a. Mail the application to:

Attn: Pawn Brokers Application
Treasury Division, City of Albuquerque,
PO Box 17, Albuquerque, NM 87103-0017

b. Required fee of \$250.00.

→ Using Google Chrome internet browser go to <u>tops.cabq.gov</u>

CITY OF ALBUQUERQUE PAWNBROKER PERMIT APPLICATION (Rev. 5/01)

City of Albuquerque Treasury Division One Civic Plaza Room 1080B

Legal Name of Business:						
DBA	Phone Number					
Location of Business:						
Stree	t	City	State	Zip Code		
Contact Name:	Email:		Phone Number:			
Step 1 Zoning Enforcement Office	92	924-3840				
For new applicants, new location Enforcement Officer must deter Integrated Development Ordina floor (East side of Lobby) to ha	rmine if your business ance. Please take you	activity and rapplication	location confo to 600 Second	rm to the		
RENEWAL	APPROVED		DISAPP	ROVED		
Comment/Condition:						
Signature/Position/Date:(Zoning retain a copy)						
Step 2 Police Department (APD)	400 Roma	NW	70	68-2267		
APD will investigate all princip mail) your application to Prope notify you when pick up the application and the second s	rty Crime Unit, 400 R	doma NW, A	lbuquerque NM	1, 87102. APD will		
APPROVED Comment/Condition:			DISAPP			
Signature/Position/Date:				(AP		
retain a copy)						

Step 3

City Clerk Plaza Del Sol 600 2nd ST NW (7th Floor) 768-3030

Mail the original bond to: City Clerk's Office, City of Albuquerque, PO Box 1293, Albuquerque NM 87103-1293 or deliver the bond directly to the City Clerk's Office at 600 2nd St NW (Plaza Del Sol 7th floor). If you hand deliver the bond, a representative of the City Clerk's Office will verify and retain the original of the unexpired \$5,000 bond. A copy of the original bond should also be mailed to: ATTN: Pawn, Treasury Division, City of Albuquerque, PO Box 17, Albuquerque NM 87103.

PREVIOUSLY FILED	APPROVED	DISAPPROVED	
Comment/Condition:			
Signature/Position/Date:(City Clerk's office retains original			
======================================	:=========		==

Treasury Division One Civic Plaza Room 1080B, 768-3398

Take completed application with signatures and approval from the appropriate departments to Treasury Division (City Hall Room 1080B) and pay fee on website at (tops.cabq.gov). If you wish, you may mail the completed application to,

Atten: – Pawn Brokers Application Treasury Division, City of Albuquerque, PO Box 17, Albuquerque, NM 87103-0017.

This business is a Corporati	on Pa	artnership	Proprietorship	
siness Location				
Street		City	State	Zip Code
iling Address				
Street		City	State	Zip Code
lephone Number:				
y of Albuquerque Zoning Category _				
w Mexico Gross Receipts Tax Identi	ncation Nu	mber		-
siness Principals or Corporate Office Name	Title		% Ownership	
	Title		% Ownership Telephone	
Name	Title			er
Name Residence Address City State	Title		Telephone	er
Name Residence Address City State Date, City and State of Birth	Title Zip Title		Telephone Social Security Number	er
Name Residence Address City State Date, City and State of Birth Name	Title Zip Title		Telephone Social Security Number % Ownership	
Name Residence Address City State Date, City and State of Birth Name Residence Address City State	Title Zip Title		Telephone Social Security Number We Ownership Telephone	
Name Residence Address City State Date, City and State of Birth Name Residence Address City State Date, City and State of Birth	Title Zip Zip Title Zip		Telephone Social Security Number We Ownership Telephone Social Security Number	

Attach additional pages if necessary. LIST ALL PARTIES.

Are there any other persons or agents authorized to act on behalf of the business? YES NO
If "YES," please give complete details as to name, address, official capacity, and extent of their authority of separate sheet and attach to this application.
Describe the nature of your business operation
On what date did this business begin
or does it plan to begin under the present ownership?/
Is your business involved in the receipt, transport or possession of firearms? YESNO
Does your business sell automobiles or trucks? YES NO
Has this business paid the City of Albuquerque Business Registration Fee of \$35.00 for the current period? YES NO
Is the required \$5,000 bond presently on file with the City Clerk's Office? YES NO
If YES, what date does the bond expire?/

a

Please list the complete name and address of your insurance agent and security bonding company who have or will issue the required \$5,000 bond.

Bondin	Bonding Company Name		Insurance				
Bondin	onding Company Address			Insurance Company Name			
City	City State Zip		City	State	Zip		
 Agent_	Agent						
of all er the City busines days. l	mployees, are true y Treasury Divisio ss	and correct to the n in writing of any	best of my (ou changes in ow	r) knowledge or be vnership or busines	plication, including those lief. I (we) agree to notify a gents within ten the City of Albuquerque or		
If my (a	our) nawnbroker b	usiness accepts fire	earms as securi	,	all principals or corporate of acknowledge that the	icers)	
employ (Receip (our) pa who ha convict acknow	ment of anyone wot, Transportation, awnbroker busines we been convicted ed of a felony. If yledge that the disc	ith a felony convictor Possession of Fiss accepts firearms of felonies, nor material my (our) pawnbrocovery that any emptors	tion is a violatificarms by a Foas security for any owner, ker business acoloyee, owner,	ion of (state statute elon). I (we) furth loans, I (we) am no partner, or corpora ccepts firearms as s	of 30-7-16 NMSA 1978 er acknowledge that if my obtallowed to employ persons the officer have been becurity for loans, I (we) attention of the officer has been		
				(Initials of	all principals or corporate of	icers)	
	SIGNED:						
	Owner		Date				
	Owner		Date				
	Owner		Date		<u></u>		

A pawnbroker permit fee of \$250.00 will be due with the completed and approved application.

EMPLOYEE INFORMATION LIST

Legal Name of I	Business		To	oday's Date	
Employee Name					_
Home Address					_
	Street	City	State	Zip	
Date of Birth / /					
Social Security Number	_	-			
Employee Name					
Home Address					
	Street	City	State	Zip	_
Date of Birth / /					
Social Security Number	-	-			
Employee Name					
Home Address					
Tione Address	Street	City	State	Zip	_
Date of Birth / /					
Social Security Number	-	-			
Employee Name					
Home Address					
Home Address	Street	City	State	Zip	_

Date of Birth	/	/		
Social Security	Nu	mber	-	-

List additional employees (with all information requested above) on rear of this page. Attach additional pages, if necessary, to this application.